B. SUBSEQUENT NOTIFICATION (complete item C)

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

A. FIRST NOTIFICATION

			W		T/A C
IX. DESCRIPTION OF HAZ	ARDOUS WASTES (continued from fron	1)		13 14 15
A. HAZARDOUS WASTES FROM NON—SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261,31 for each listed hazardous waste from non—specific sources your installation handles. Use additional sheets if necessary.					
1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four—digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.					
13	14	15	16	17	18
0 0 2	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D 0 0 1	20	21	22	23	24
23 - 26		23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four—digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.					
31	32	33	34	35	36
23 - 25	23 - 26	23 - 26	23 - 26	23 - 26	
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
D. LISTED INFECTIOUS WASTES. Enter the four—digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.					
49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)					
1. IGNITABLE (D001)	∠ 2. C (D002)	ORROSIVE	3. REACTIVE		4. TOXIC 900)
X. CERTIFICATION	生态社主义生活		12.10.1910 2013		达达到的特代。
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.					
m ichael P. Jame		MICHAEL	L TITLE (type or print)		DATE SIGNED
EDA E 9700 12 (6 00) DEM	EDAR	MAINT.	SUPER.	2 2	4/

AGENCY YORK, N.Y. 10007 10 59 AH '84

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